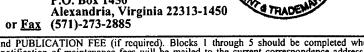
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together when applicable fee(s), to: Mail Mail Stop ISSUL . EE

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/697.638	10/31/2003	Tsutomu Matsuzaki	062709-0115	8489

TITLE OF INVENTION: CROSS MEMBER AND MANUFACTURING METHOD THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	¢ 1440	\$300	\$0	\$ 1740	10/19/2007	
		ART UNIT	CLASS-SUBCLASS	10/15/2007	7 CNGUYEN3 0000002	5 10697638	
HUSON, MO	DNICA ANNE	1732	264-275000	01 FC:150		1440.00 OP	
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.      "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list 1984  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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